

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		03/04/00
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	7	1/1
FORMALITY REVIEW	<i>[Signature]</i>	75353	4/13/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

**Best Available Copy**

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If more than 150 claims or 10 actions  
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